



Incident Report

Print Date/Time: 02/02/2016 09:20
Login ID: ss0139

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00000688

Incident Date/Time: 1/11/2016 6:28:13 PM
Location: SR 204 / SR 9 NE
LAKE STEVENS WA 98258
Phone Number: (425) 876-9334
Report Required: No
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 3
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
19S16	SS0126-Hingtgen

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	BROOK, NANCY		(425) 876-9334			

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
------	------	------	------	-------	-------	---------	-------

Disposition(s)

Disposition	Count
M	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
------	------	------	------	-------	-------------	---------	----------

01/11/2016 : 19:11:28 SP0338 Narrative: A83 AWAITING OS FOR FRIEND

01/11/2016 : 18:39:16 SP0338 Narrative: 2 GRN

01/11/2016 : 18:35:36 SP0338 Narrative: 2 CAR MINOR DMG ON WHEELS INVEST INJ

01/11/2016 : 18:30:18 SP0323 Narrative: BLOCKING GRY EQUONIX VS GRY CHEVY TRAILBLAZER

01/11/2016 : 18:29:42 SP0323 Narrative: FEM NECK PAIN, CONS


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591971

REPORT NO. E506672

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION	
--------------------	--

CASE #	2016-00000688
--------	---------------

LOCAL AGENCY CODING	
---------------------	--

TOTAL # OF UNITS	02	OBJECT STRUCK	
------------------	----	---------------	--

M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	N	E	IN	OF	CITY #
DATE OF COLLISION	01	-	11	-	2016			1829	31						0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
SR 204	BLOCK NO. <input checked="" type="checkbox"/>	9200
	MILE POST	

DISTANCE	200	00	MILES	<input checked="" type="checkbox"/> N	<input type="checkbox"/> E	OF (REFERENCE OR CROSS STREET)	SR 9
			FEET	<input checked="" type="checkbox"/> S	<input checked="" type="checkbox"/> W		

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET <input checked="" type="checkbox"/>	PHONE D: 4252325001
---------	---	--------------------------------------	--	---------------------

LAST NAME	HOERATH	FIRST NAME	SUSAN	MIDDLE INITIAL	C
-----------	---------	------------	-------	----------------	---

STREET NEW ADDRESS	5808 83RD AVE NE
--------------------	------------------

CITY	MARYSVILLE	ST	WA	ZIP	982707052
------	------------	----	----	-----	-----------

CDL	RESTRICTIONS B	ENDORSEMENTS
-----	----------------	--------------

DRIVER'S LICENSE #	HOERASC465JD	STATE	WA	SEX	F	D.O.B. MMDDYYYY	04	-	04	-	1954
--------------------	--------------	-------	----	-----	---	-----------------	----	---	----	---	------

ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	1	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	7	NATURE OF INJURIES	NECK/BACK
----------------------------------	--------	--------	---	--------	---	-------	---	------------	---	--------------	---	--------------------	-----------

LICENSE PLATE #	AMB3158	STATE	WA	VIN#	1GNET16P136209179
-----------------	---------	-------	----	------	-------------------

TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
-----------------	--	-------	--	-----------------	--	-------	--

VEH. YEAR	2003	MAKE	CHEV	MODEL	TRLBLA	STYLE	UT	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
REGISTERED OWNER INFO. SUSAN HOERATH 5808 83RD AVE NE MARYSVILLE WA 98270 D: 4252325001										

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	GRANGE 5104440043251
VEHICLE LEGALLY STANDING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE

UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	PHONE D: 4258769334
---------	---	--------------------------------------	-------------------------------------	---	--	---------------------

LAST NAME	BROOKS	FIRST NAME	NANCY	MIDDLE INITIAL	E
-----------	--------	------------	-------	----------------	---

STREET NEW ADDRESS	11000 16TH AVE SE APT 805
--------------------	---------------------------

CITY	EVERETT	ST	WA	ZIP	982084831
------	---------	----	----	-----	-----------

CDL	RESTRICTIONS	ENDORSEMENTS
-----	--------------	--------------

DRIVER'S LICENSE #	BROOKNE477Q3	STATE	WA	SEX	F	D.O.B. MMDDYYYY	11	-	23	-	1953
--------------------	--------------	-------	----	-----	---	-----------------	----	---	----	---	------

ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
----------------------------------	--------	--------	---	--------	---	-------	---	------------	---	--------------	---	--------------------

LICENSE PLATE #	518YEQ	STATE	WA	VIN#	2CNDL73F056067841
-----------------	--------	-------	----	------	-------------------

TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
-----------------	--	-------	--	-----------------	--	-------	--

VEH. YEAR	2005	MAKE	CHEV	MODEL	EQUINOX	STYLE	UT	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
REGISTERED OWNER INFO. NANCY BROOKS 11000 16TH AVE SE EVERETT WA 98208 D: 4258769334										

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	PEMCO CA 1180379
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #	CHARGE

OFFICER'S NAME (PRINT)	M. HINGTEN	BADGE OR ID #	0126	AGENCY	WA0311900
------------------------	------------	---------------	------	--------	-----------


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E506672**CASE # **2016-00000688**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

Veh #1 and Veh # 2 were in the #1 Left Turn lane at the signal controlled intersection of SR 204/SR 9 NE. Both were eastbound with Veh #1 behind Veh #2.

Veh #1 proceeded forward when she noticed the signal change. Veh #2 slowed to a stop due to a southbound emergency vehicle, traveling on SR 9. Veh #2 failed to notice the stop in time to avoid a collision. The driver of Veh #1, applied the brakes rapidly but skid into the back of Veh #2.

The driver of Veh #2 stated that the impact from Veh #1 caused her vehicle to move forward into another vehicle. The driver described the vehicle as a pick up truck. The driver stated that the pickup driver got out of the car, checked the rear of his truck, and then drove off.

There was no evidence of this impact to the front of the vehicle. The front vehicle emblem was missing from the front of the vehicle and was not on the roadway.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

M. HINGTGEN
01-15-16 11:15 PM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

BOB SUMMERS 0079
1/18/2016 5:39:50 AM

BADGE OR ID #

0126

ORI #

WA0311900

TIME POLICE DISPATCHED

6:29 PM

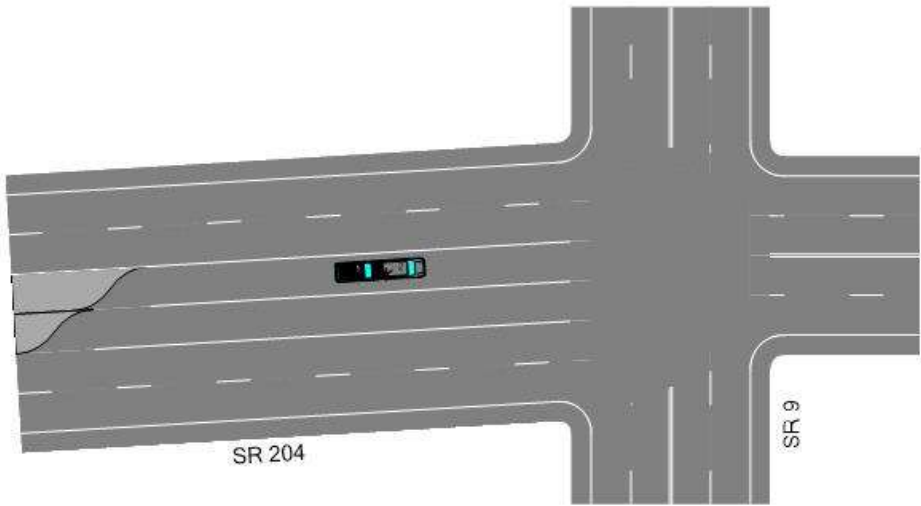
TIME POLICE ARRIVED

6:35 PM

REPORT NO. E506672

CASE # 2016-00000688

DATE AND TIME
OF COLLISION 01/11/16 18:29



Not to Scale